

Low Vision Rehabilitation Services: Challenges with Access to Care

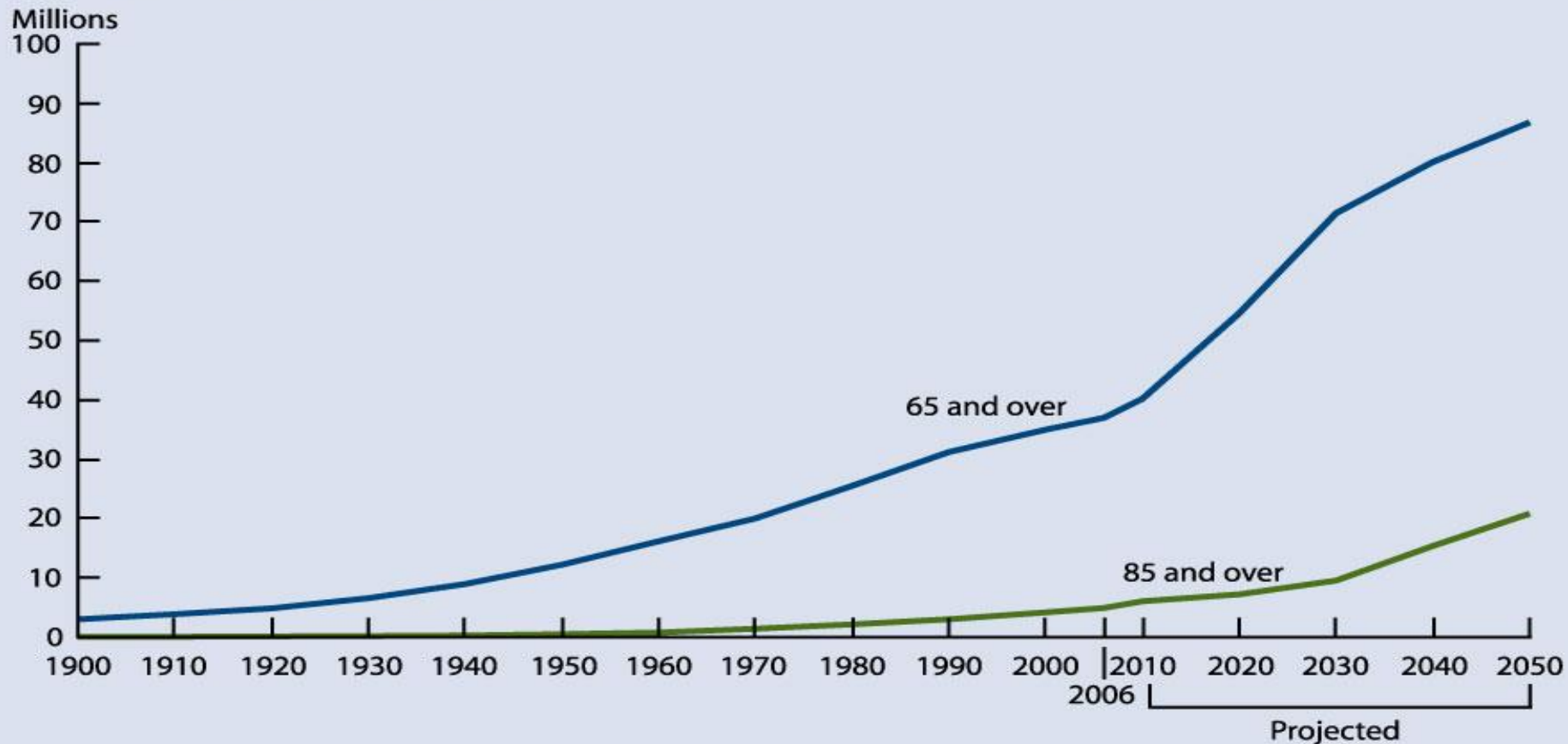
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What is Low Vision?

- A loss of visual function that cannot be corrected by ordinary glasses, contact lenses, medical treatment, or surgery.
- Can result from an inherited eye disease, an acquired condition, trauma, or some other problem that damages the visual system

Number of people age 65 and over, by age group, selected years 1900–2006 and projected 2010–2050



Note: Data for 2010–2050 are projections of the population.

Reference population: These data refer to the resident population.

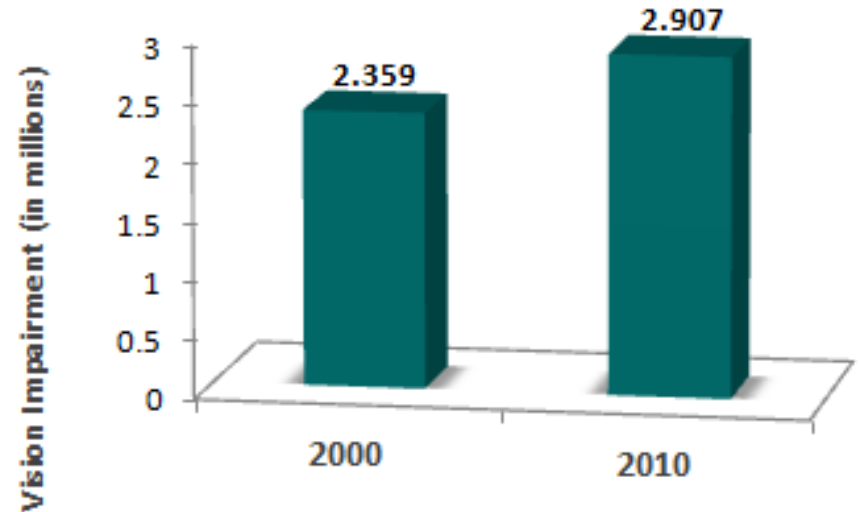
Source: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.

FOCUS ON EYE HEALTH
National Summit

 **Prevent
Blindness
America**
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Prevalence of Vision Impairment, Age 40 and Older

- **Vision impairment** defined as worse than 20/40 vision in the better eye even with eyeglasses (excludes cases of blindness)
- Nearly 2.9 million older Americans

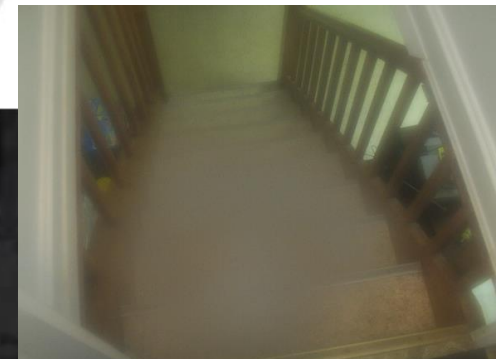
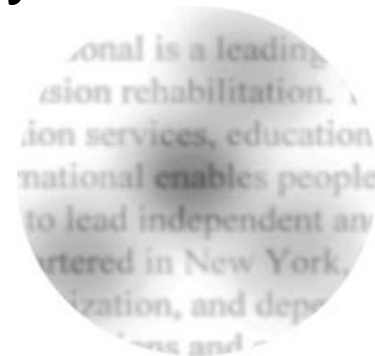


Source: Prevent Blindness America:
Vision Problems in the US web page
<http://www.visionproblemsus.org>

How Does Low Vision Impact a Person's Life?



- Decreased ability to see detail (**many** diseases)
 - Difficulty reading; seeing faces, meds, mail, TV, cooking, driving, crossing street, stairs, **much more**
- Loss of peripheral vision (glaucoma, RP, PDR)
 - Mobility problems
- Reduced contrast sensitivity
- Greater need for light
- Increased glare sensitivity
- Reduced color vision
- **Loss of independence**



Legal Blindness vs. Low Vision

LEGAL BLINDNESS

A visual acuity of 20/200 or less in the better seeing eye or a visual field of 20° or less in the widest meridian of the better eye with standard optical correction

LOW VISION

A person can have a reduction in visual acuity, a loss of visual field, and/or reduced contrast sensitivity that significantly impacts daily activities but NOT be legally blind!

What Can Be Done to Help?

Vision Rehabilitation

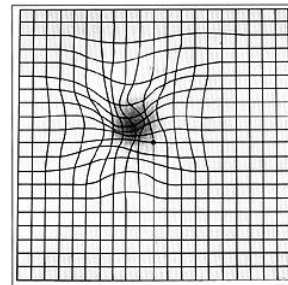
- Helps the person make the most of his/her remaining vision
- Teaches other strategies to achieve goals
- Helps restore and maintain independence

Components of Vision Rehabilitation

- Low Vision Examination
- Independent Living Skills
- Orientation and Mobility
- Counseling
- Vocational / Technology Services

Low Vision Examination: NOT Your Regular Eye Exam!

- Eye and medical history
- Detailed FUNCTIONAL history
- Functional testing (acuity, contrast, visual fields, glare testing)
- Evaluation with low vision devices
- Prescription of devices
- Training / Patient Education
- Referral for other services



Why People Living with Low Vision May Not Receive Needed Services

The 4 A's

- Awareness
- Access
- Availability
- Acceptance

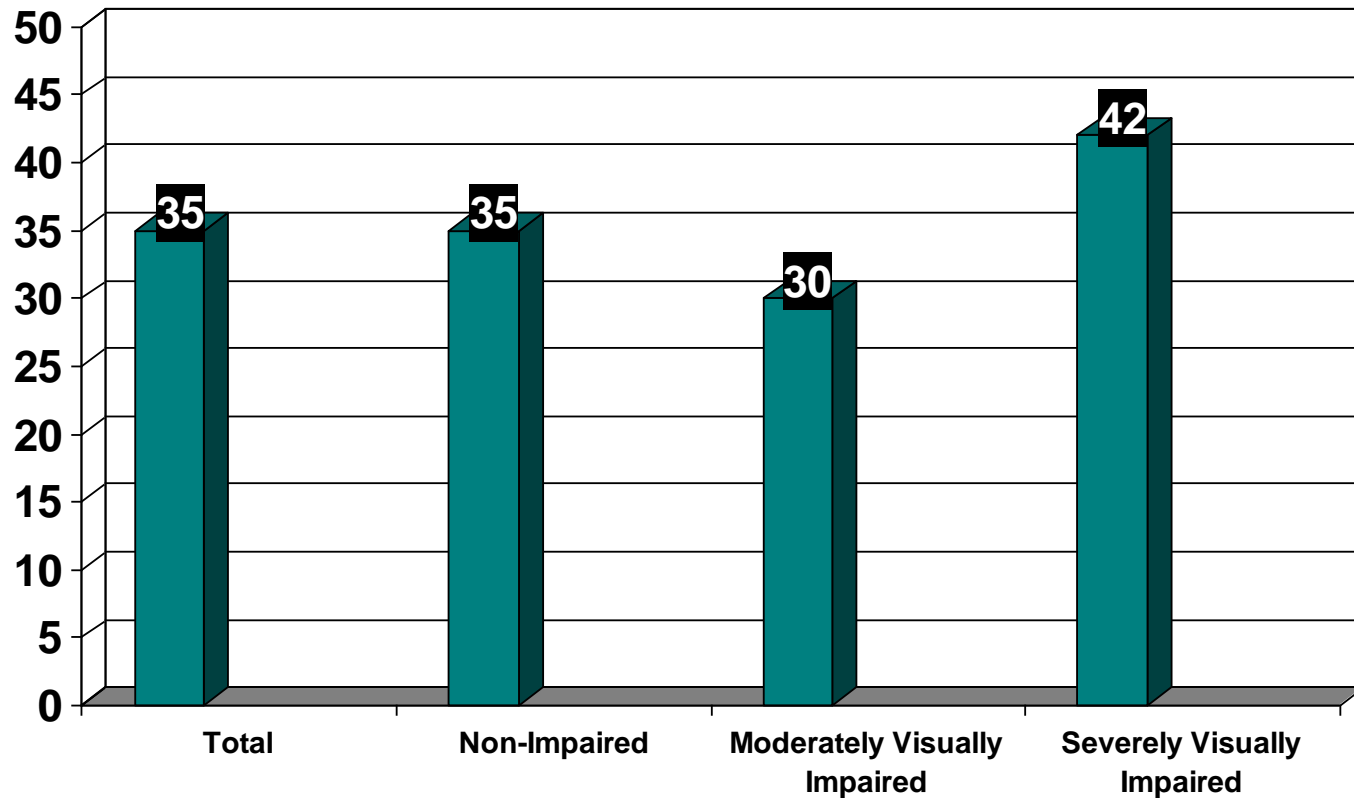
Awareness: What Low Vision Providers Don't Like to Hear...

- “My doctor told me nothing more could be done.”
- “Why didn't my doctor tell me about these services?”



Percent of Americans Unaware of Local Services for Persons with Vision Impairments

Lighthouse National Survey, 1995



Why the Lack of Awareness of Vision Rehabilitation Services?

- Disconnect: Primary eye care providers don't always refer for vision rehab services – WHY?
 - Lack of awareness on the provider's part
 - Too busy to spend time to discuss
 - Not appreciating the problems their patients face from loss of vision (even mild loss)
- Not publicized by Vision Rehab providers
- Other reasons, including some of the other “A’s”

Access: Who's Going to Pay?

- **Private insurance?** Not likely (most don't cover)
- **Medicare?** Only covers portions of the low vision exam (by optometrist or ophthalmologist) – **NOT** the testing of low vision devices, or devices themselves
 - Some devices can be expensive
- Medicare covers Occupational Therapy services
- Medicare does NOT cover services by Vision Rehabilitation Therapists, Orientation & Mobility Specialists, or Certified Low Vision Therapists

Access: Who's Going to Pay?

- **State Commissions for the Blind and Visually Impaired** WILL cover low vision examination, low vision devices, and vision rehabilitation services (VRT, O&M, LVT), **BUT...**
- Person must be **legally blind** in most cases to be sponsored by the state commission
- **Who's going to cover the person with low vision who is NOT legally blind?**

Access also involves:

- Getting to the exam!
 - Can't drive
 - No family members / support system nearby
 - Often no public transportation (or fear of using it)
- Finding Low Vision practitioners and Vision Rehabilitation Services in your area

Availability: Who Provides Vision Rehabilitation Services?

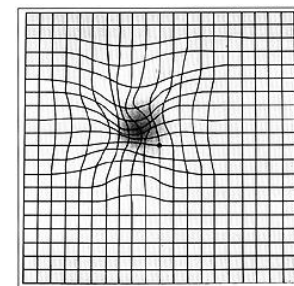
- Vision Rehabilitation Agencies
- Colleges of Optometry (Low Vision Clinics)
- Independent Practitioners
 - Optometrists, Ophthalmologists
 - Occupational Therapists
 - Vision Rehabilitation Professionals
- Veterans Health Administration

So What's the Problem?

- Comprehensive Low Vision Exams are very time intensive (60 minutes or more)

Low Vision Exam: understanding patient's problems takes time, as do patient's responses

- Eye and medical history
- Detailed FUNCTIONAL history
- Functional testing (acuity, contrast, visual fields, glare testing)
- Evaluation with low vision devices
- Prescription of devices
- Training / Patient Education
- Referral for other services



So What's the Problem?

- Comprehensive Low Vision Exams are very time intensive (60 minutes or more)
- Insurance will not pay for low vision exam (or devices); if it does, frequently is no more than what is paid for a *general exam* (which often takes MUCH less time)
- Difficult for providers to spend that much time and still cover their costs; patients don't want to pay!
- The result: not as many providers as needed

The Final “A”: Acceptance

- Patients with Low Vision are often not ready to accept the kind of help that is possible
 - Lack of understanding of their condition
 - Looking for a cure: the “Magic Glasses” that will fix everything
 - Depression: may need counseling first
 - Not interested: “my family does everything for me”
 - The FAMILY is more interested than the patient!

So How Can We Make Things Better?

- Increase Awareness
 - Educate primary eye care providers (especially Retina & Glaucoma specialists)
 - Outreach to their offices by VR agencies & providers
 - Positive feedback from their Low Vision patients
 - Educate Ophthalmology & other residents
 - Outreach to the public
 - Utilize community based organizations for the aging

Education and Outreach

- **Going Blind:** a documentary film about vision loss by Joe Lovett
 - Shown on PBS and other venues
- *Readers Digest Partners for Sight* funded AAO Vision Rehab Committee to offer presentations in academic ophthalmology departments



Increasing Access and Availability

- Coverage for Low Vision Exams and Vision Rehabilitation Services
 - Can this realistically happen?
- Need to create more interest in Low Vision care in Optometry programs
 - Many students get very limited exposure at some colleges

An Example of a Model of Vision Rehabilitation that Works

Veterans Health Administration

- Has provided comprehensive vision rehabilitation services for *more than five decades*
- 2010: Estimated over 1 million veterans are blind or have low vision
- **2007:** \$40 million committed to expand vision rehab services even further across the country
 - Established 55 new vision rehabilitation programs
 - Basic low vision care also provided at many other facilities

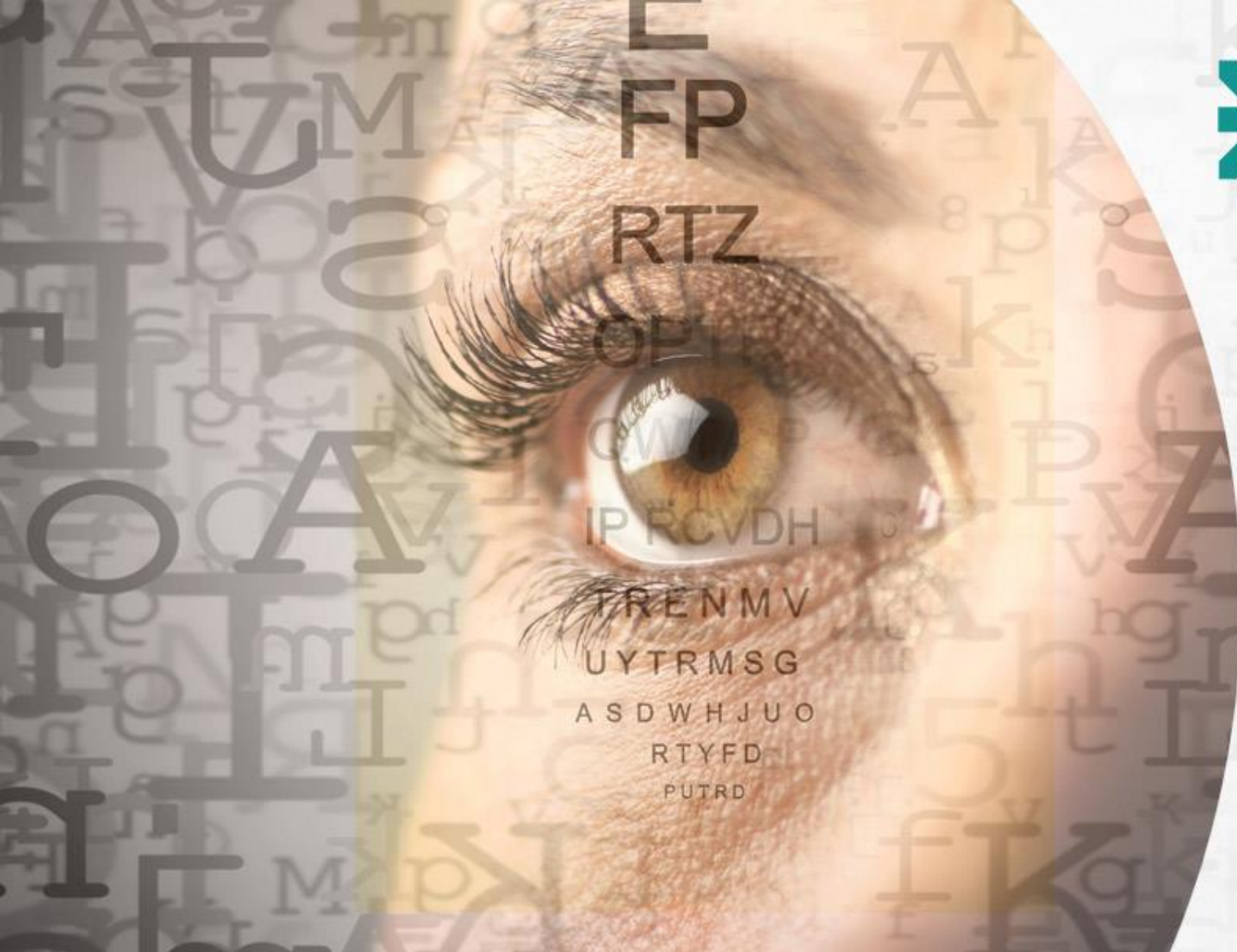
An Example of a Model of Vision Rehabilitation that Works

Veterans Health Administration

- Low Vision Exams, O&M, independent living skills, computer and vocational training
- **Different levels of service** depending on the patient's needs (including home based services)
 - Intermediate & Advanced Low Vision Centers
 - VICTORS / VISOR programs
 - Blind Rehabilitation Centers (veterans spend up to 6 weeks receiving extensive rehabilitation services)
- Training of Optometry residents in many programs

In Summary...

- With appropriate low vision rehabilitation most people can perform most needed daily living tasks and maintain greater independence
- The demand for vision rehabilitation services will increase in the coming years
- Greater awareness of and access to vision rehab services is needed



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